SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

PO Box 58 Washburn, WI 54891 (715) 373-6138 Planning and Zoning Depart Bayfield County

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Star) (Received) [[] m

JUN 152017

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

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Refund:		Amount Paid:	Date:	Permit #:	
		深 6.15.7 で 15.7 フ	7-10-17	17-0257	

Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction: アルシ (こういう(でゅう)ない) Contractor: Authorized Agent: (Person Residential Use $igg \lambda$ Non-Shoreland of Completion
* include TYPE OF PERMIT REQUESTED- X LAND USE Value at Time donated time & Owner's Name: Rec'd for Issuance Address of Property: しりなるい Keoresk Secretarial Staff Municipal Use Shoreland Commercial Use PROJECT LOCATION Proposed Use Section 330, Township 102017 1/4, せいいる Relocate (existing backers) Run a Business of Property Addition/Alteration $\hfill\Box$ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue ☐ Is Property/Land within 300 feet of River, Stream (in Linear)

Creek or Landward side of Floodplain? If yes--continue Legal Description: (Use Tax Statement) 2 Conversion **New Construction** gning Application on behalf of Owner(s)) × Project < 1/4 LOLNER Other: (explain) Special Use: (explain) ______
Conditional Use: (explain) Accessory Building (specify)

Accessory Building Addition/Alteration Bunkhouse w/ (☐ sanitary, or ☐ s Mobile Home (manufactured date) FAILURE TO OBTAIN A PERMIT OF STARTING C my accompanying information) has been examined by cy of all information I (we) am (are) providing and that this information I (we) and (are) providing in or with this information I (we) and (are) providing in or with 50 Addition/Alteration (specify) Principal Structure (first structure Residence (i.e. cabin, hunting shack N, Range # of Stories and/or basement with a Porch
with (2nd) Porch X 1-Story with Attached Garage with (2nd) Deck with Loft Basement No Basement 2-Story 1-Story + Loft Foundation Lot(s) SANITARY Contractor Phone:

5 4A Y TY 1A 1A B City/State/Zip: Tax iD# (4-Mailing Address: 5 Proposed Structure Length: Length sleeping quarters, or (ind Interm CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

where (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we)
it (it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which
thinks application. I (we) consent to county officials charged with administering county ordinances to have access to the SAKTY JCIN YOUNE 2 digits) Seasonal Year Round PRIVY Town of: Use Vol & Page (specify) žl F りなり Agent Mailing Address (include City/State/Zip): CONDITIONAL USE | 2 Distance Structure is from Shoreline : Distance Structure is from Shoreline : feet bedrooms cooking & food prep facilities) None w N 유 # Lot(s) No. - 1° 1°3 MON TELL None
None
Width: Width: (New) Sanitary Sanitary (Exists) Specify Type:

X Prov (Pit) or Vaulted (m CAND Sewer/Sanitary System NAVA MX44 Municipal/City Block(s) No. SPECIAL USE 0 What type of New Lot Size ; U Recorded Deed (i.e Subdivision: 530140 Specify Type: Will b rded Deed (i.e. # assigned by Register of Deeds) ment #: 200ト。R-5311145 Vaulted (min 200 gallon) **Dimensions 0** Is Property in Floodplain Zone? ととてて $|\times|\times$ $\times |\times |\times |\times |\times |$ B.O.A. DOTHER

Telephone:

LOW 2971 99 90 Height: Height: Water 2 Cell Phone: Plumber Phone: Written Authorization Acreage ******* 0 G TO Footage Square Are Wetlands Present? City 焓 1

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Attach

Copy of Tax Statement

ff you recently purchased the property send your Recorded Deed

Owner(s): (If there ar

are Multipl

listed on the Deed All Ov

uthorization must accompany this application)

Date

Date

I (we) declare that this application (including any am (are) responsible for the detail and accuracy of may be a result of Bayfield Consty relying on the above described property at any reakonable time

ncuating any accompanying information) has been nd accuracy of all information I (we) am (are) provide relying on this information I (we) and (are) provide sonable time for the auropose of inspection.

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send

	Issuance Information (County Use Permit Penied (Date): Permit Penied (Date): Is Parcel a Sub-Standard Lot Searcel in Common Ownership Yes Structure Non-Conforming Yes Structure Non-Conforming Yes Searcel by Variance (B.O.A.) Case #: Was Parcel Legally Created Was Proposed Building Site Delineated Was Proposed Building Site Delineated Inspection Record: COEN Was Parcel Legally Created Condition(s): Town, Committee or Board Co No Was Proposed Building Site Delineated Signature of Inspection: Hold For Sanitary: Hold For Sanitary:	Please complete (1) – (7) above (prior to co (8) Setbacks: (measured to the Description Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the North Lot Line Setback from the West Lot Line Setback to Drain Field Setback to Drain Field Setback to Privy (Portable, Composting) Frior to the placement or construction of a structure writhin ten (10) ofther previously surveyed corner to the other previously surveyed corner of the other previously surveyed tool marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Lou NOTICE: All Land Use	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
•	The local Town, Village, City, State or Only) Sanitary Number: Reason for Denial: Reason for Denial: Permit Date: No (Fused/Contiguous Lot(s)) No (Fused/Contiguous Lot(s)) No No No No No No No No No	The continuing or to continuing we assurement to the closest point we to the closest point we we will be feet to the closest point we will be feet to the closest of the minimum required setback, the boun surveyor at the owner's expense. In ten (10) feet of the minimum required setback, the boun surveyor at the owner's expense. In then (10) feet but less than thirty (30) feet from the move of a contraction, separation of New Construction, separation of New Construction, separation of New Construction, separation of the service of a contraction of the service of the ser	Draw or <u>Sketch</u> your Property (regardless of what you are applying for) ow Location of: North (N) on Plot Plan ow Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) ow: All Existing Structures on your Property ow: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding ow any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond ow any (*): (*) Wetlands; or (*) Slopes over 20%
2 -		S must be a smust be a smust be a most be a most be a smust be a s	tage Road) (DF); (*) Holding Tank (HT) an
7	Sanitary Date: Sanitary Date: Affidavit Required Yes No Affidavit Attached Yes No Affidavit Attached Yes No Affidavit Attached Yes No Zoning District R R R R R R R R R R R R R R R R R R	pproved by the Planning & Zoning Dept. Measurement	id/or (*) Privy (P)

wn, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY - Vault Privy
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY
PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-0257			ls	ssued	d To: De	nnis,	Linda, & G	reg S	oiner			· · · · · · · · · · · · · · · · · · ·		
Location:	NE	1/4	of	SW	1/4	Section	30	Township	50	N.	Range	7	W.	Town of	Clover
Gov't Lot				_ot		Blo	ck	Su	bdivisio	on			y	CSM#	

For: Residential Use: [1- Story; Residence (12' x 32') = 384 sq. ft.] (Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No wetland shall be disturbed (filled or graded) in the process of this project. Building shall not have interior plumbing with connection to pressurized water unless POWTS is approved and installed. UDC permit and inspections required. Please abandon existing non-compliant privy by filling with inert material. New privy shall be maintained per recorded agreement.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

July 10, 2017

Date